



DIVISION OF CHILDREN AND FAMILY SERVICES (DCFS)

**DCFS SOCIAL SERVICE
OVERPAYMENT NOTICE**

1. LOCAL OFFICE	2. DATE
3. TYPE OF OVERPAYMENT <input type="checkbox"/> Client Payee Overpayment <input type="checkbox"/> Vendor Overpayment	
4. CLIENT NUMBER	5. VENDOR NUMBER
6. SERVICE NAME	7. CHILD'S CASE NUMBER

We have determined that you have received an overpayment of social service monies. A computation sheet is attached.

8. OVERPAYMENT AMOUNT:		9. OVERPAYMENT TIME PERIOD	
10. REASON FOR OVERPAYMENT			

Make repayment directly to the Office of Financial Recovery, P. O. Box 9501, Olympia, WA 98507-9501. Include the client or vendor number number on your check. Direct any questions regarding repayment to the Office of Financial Recovery.

FOR A CLIENT OVERPAYMENT: If you disagree with this decision, you may request a fair hearing by writing the Office of Appeals, P.O. Box 2465, Olympia, WA 98507-2465, within ninety (90) days of receipt of this letter.

FOR A VENDOR OVERPAYMENT: Interest, where applicable, will accrue on this overpayment at one percent (1%) per month, beginning thirty (30) days after notice, RCW 43.20B.695.

A contracted vendor has the right to a dispute hearing under the Disputes clause of their contract. The request for a dispute hearing must:

1. Be in writing;
2. State the disputed issues;
3. State the relative positions of the parties;
4. State the contractor's name, address. and department contract number;
5. Be mailed to the Office of Vendor Services, P.O. Box 45811, Olympia, WA 98504-5811, within thirty (30) calendar days after the party could reasonably be expected to have knowledge of the disputed issue.

A non-contracted vendor, foster parent or child care provider may request a review of this decision. The request for review must:

1. Be in writing;
2. State the disputed issues;
3. State the vendor, foster parent, or child care provider name, address, local DCFS office and service worker's name;
4. Be mailed to the Director, Division of Children and Family Services or Office Chief, Office of Child Care Policy, P.O. Box 45710, Olympia, WA 98504-5710, within thirty (30) calendar days after the party could reasonably be expected to have knowledge of the dispute issue.

Note: Misrepresentation of non-contracted vendor , foster parent or child care provider information may result in Licensure denial, suspension or revocation, WAC 388-73-036 (2) (f).

11. SIGNATURE OF SERVICE WORKER	12. NAME OF SERVICE WORKER	13. PHONE NUMBER (NON-SCAN)

DISTRIBUTION: Client/Vendor Office of Financial Recovery - Mail Stop 5862 Case Record

INSTRUCTIONS

The DCFS Social Service Overpayment Notice, DSHS18-481(X), is used to notify clients, vendors and the Office of Financial Recovery of a social service overpayment. It provides repayment, interest, and hearing/dispute resolution information.

Use this form in conjunction with Social Service Incorrect Payment Computation, DSHS 18-399(X).

- 1. LOCAL OFFICE:** Enter name of office.
 - 2. DATE:** Enter the date the form was completed.
 - 3. TYPE OF OVERPAYMENT:** Check if this is a client or vendor overpayment.
 - 4. CLIENT NUMBER:** If this is a client overpayment, enter the client number.
 - 5. VENDOR NUMBER:** If this is a vendor overpayment, enter the vendor number.
 - 6. SERVICE NAME:** Enter the name of the child in foster care or child care for whom the overpayment is being established.
 - 7. CHILD'S CASE NUMBER:** Enter the child's case number.
- ADDRESS:** Enter the client's or vendor's complete name and mailing address in the space provided.
- 8. AMOUNT OF OVERPAYMENT:** Enter the dollar amount of the overpayment.
 - 9. OVERPAYMENT TIME PERIOD:** Enter the time period covered by the overpayment.
 - 10. REASON FOR OVERPAYMENT:** Enter the reason the overpayment occurred.
 - 11. SIGNATURE:** Signature of service worker preparing the overpayment documentation.
 - 12. NAME OF SERVICE WORKER:** Printed name of person signing.
 - 13. TELEPHONE:** Enter non-scan telephone number of the service worker.